

1. Vermont Department of Health Worksite Wellness Assessment

This Worksite Wellness Assessment is a tool created to help your worksite assess what policy, program, and environmental supports are currently in place to promote the health and wellness of your employees. It is also intended to help identify any gaps that exist, and help you in your planning process. It is broken down into 7 sections that include one section on each of the VDH Six Core Outcomes for Healthy Worksites and an additional section on Organizational Supports and Culture.

For next steps in your planning process, check out our [webpage](#) which has a great toolkit, strategies, sample policies, templates, and more!

Contact your Local Office of Health for additional support on starting or expanding a worksite wellness initiative!


To download a PDF of this assessment prior to completing is online, please [click here](#).

2. Worksite Information

* 1. Are you applying for the 2019 Worksite Wellness Award Application?

- ☐ Yes
- ☐ No - I do not wish to apply for the 2019 Worksite Wellness Award

* 2. Please complete the following information

Contact person	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	-- select state -- 
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Contact email	<input type="text"/>
Contact person phone number	<input type="text"/>

* 3. First and last name of top executive in your organization:

* 4. Preferred prefix for top executive in organization

5. Organization Type

* 6. How many people are employed in your organization?

- | | |
|-------------------------------|--------------------------------|
| <input type="radio"/> 1-100 | <input type="radio"/> 501-1000 |
| <input type="radio"/> 101-250 | <input type="radio"/> 1000+ |
| <input type="radio"/> 251-500 | |

7. How many locations does your organization have in Vermont?

☐ 1

☐ 2-5

☐ 5+

3. Organizational Supports and Culture

* 8. Does the worksite have an active wellness committee that meets regularly?

☐ Yes

☐ No

* 9. Does the worksite make sure that support for employee wellness is part of the performance goals of leaders and managers?

☐ Yes

☐ No

* 10. Has everyone in the organization who leads or manages employees been given formal resources and/or training to support employee wellness?

☐ Yes

☐ No

* 11. Does the worksite's leadership regularly communicate the importance of wellness through written or verbal communications?

☐ Yes

☐ No

* 12. Has the worksite conducted an employee needs and interests assessment/survey for planning health promotion activities in the last 12 months?

☐ Yes

☐ No

* 13. Has the worksite established objectives for employee health promotion in the last 12 months?

☐ Yes

☐ No

* 14. Has the organization conducted any of the following activities for planning purposes in the last 12 months?

- Employee needs and interest surveys
- Absenteeism records analysis
- Disability claims audit
- Worker's Compensation claims analysis
- Healthcare claims analysis
- Other (please explain in comment box)

☐ Yes

☐ No

Other (please specify)

* 15. Does the worksite provide updated information about community resources for healthy eating, physical activity, and tobacco cessation support?

☐ Yes

☐ No

* 16. Does the worksite actively promote and encourage employee participation in available worksite wellness activities?

☐ Yes

☐ No

* 17. Does the worksite's new employee orientation include an explanation of worksite wellness related policies and activities (i.e. healthy food standards, Employee Assistance Programs, wellness portal)?

☐ Yes

☐ No

* 18. Does the worksite offer health promotion initiatives that accommodate the schedules and workplace locations of all employees (for example, shift workers)?

☐ Yes

☐ No

* 19. Does the worksite tailor health promotion programs and education materials to the language, literacy levels, and cultural backgrounds of the workforce?

☐ Yes

☐ No

* 20. Has the organization offered employees the opportunity to participate in a Health Screening and/or Health Risk Appraisal in the last year?

☐ Yes

☐ No

* 21. Does the worksite provide adaptive equipment and/or other materials to support employees with disabilities?

☐ Yes

☐ No

* 22. Does the worksite provide alternative wellness activities to accommodate employees of all abilities, including employees with disabilities?

☐ Yes

☐ No

* 23. Does the worksite make parts of the wellness and health promotion activities available to immediate family members?

☐ Yes

☐ No

* 24. Has the worksite evaluated the stated goals and objectives in the last year?

☐ Yes

☐ No

* 25. Has the worksite tracked participation in wellness program activities in the last year?

☐ Yes

☐ No

* 26. Has the worksite assessed employee satisfaction with the wellness activities in the last year?

☐ Yes

☐ No

* 27. Has the worksite measured changes in both the physical and cultural environment (e.g., policies, benefits, working conditions, etc.) in the last year?

☐ Yes

☐ No

* 28. Do at least 50% of employees participate in worksite wellness program/activities that are offered?

☐ Yes

☐ No

* 29. Does the worksite provide a paid sick leave benefit, so that employees can stay home when sick and not spread infection in the work place?

☐ Yes

☐ No

* 30. Does the worksite offer paid parental leave (separate from any accrued sick leave, annual leave, or vacation time?)

☐ Yes

☐ No

* 31. Does the worksite offer paid vacation time or personal days or hours to full-time, nonexempt employees?

☐ Yes

☐ No

* 32. Does the worksite offer health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement?

☐ Yes

☐ No

* 33. Does the worksite's health insurance cover chronic disease medications at a low-cost to the employee?

☐ Yes

☐ No

* 34. Does the worksite offer influenza (flu) vaccinations with low or no out-of-pocket costs to employees?

☐ Yes

☐ No

* 35. Does the worksite support employee participation and volunteering in activities that benefit the community?

☐ Yes

☐ No



4. Outcome 1: Promote Healthy Food Choices at the Workplace

* 36. Does the worksite offer education, awareness and behavior change programs on healthy nutrition and weight management, such as the free Healthy Living Workshops offered through the State of Vermont?

☐ Yes

☐ No

* 37. Does the worksite identify healthier food and beverage choices where food is served with signs or symbols?

☐ Yes

☐ No

* 38. Does the worksite have a healthy food policy requiring at least 30% of food in cafes, vending machines, etc. to meet healthy vending criteria? (answer yes if no food is sold on the premises)

☐ Yes

☐ No

* 39. Does the worksite have a policy requiring that healthier food and beverage choices are available during meetings when food is served?

☐ Yes

☐ No

* 40. Does the worksite make water available at no cost to employees throughout the day?

☐ Yes

☐ No

* 41. Does the worksite make a refrigerator and microwave available for employee food storage and cooking?

☐ Yes

☐ No

* 42. Does the worksite provide protected time and dedicated space away from the work area for breaks and lunch?

☐ Yes

☐ No

* 43. Does the worksite incentivize local food through any of the following ways:

- Local food is prioritized when purchasing food for meetings or events.
- An on-site CSA drop off is offered for employees.
- An on-site or mobile farmers market is offered for employees at or near the worksite.
- Local food is prioritized when purchasing food for sale to employees (e.g. cafeteria, vending machine, snack bar)
- An on-site garden is available to employees during some or all of the year.
- Other (please explain in comment box)

☐ Yes

☐ No

Other (please specify)

5. Outcome 2: Go Tobacco-Free

* 44. Does the worksite promote free tobacco cessation resources available through 802Quits or other community resources?

☐ Yes

☐ No

* 45. Does the worksite support participation in tobacco cessation activities during the work day (e.g. allowing flextime to attend cessation classes)?

☐ Yes

☐ No

* 46. Does the worksite provide on-site individual or group tobacco cessation counseling (i.e. free counseling through Vermont Quit Partners, a local hospital, or other organization/resource)?

☐ Yes

☐ No

* 47. Are cigarette receptacles moved away from building entrances? (Answer yes if no receptacles exist).

☐ Yes

☐ No

* 48. Does the worksite have and actively enforce a written policy banning tobacco use at the worksite, including any outdoor areas (except for designated smoking areas) and company vehicles?

☐ Yes

☐ No

* 49. If you answered yes to the previous question, does the worksite post tobacco-free signs around the building and business campus to support the no tobacco use policy?

☐ Yes

☐ No

☐ N/A - we do not have a no tobacco use policy

6. Outcome 3: Help Employees Get Daily Physical Activity

* 50. Does the worksite actively encourage employees to bike, walk, or roll to work? (This could be through posters, challenges, emails, incentives, etc.)

☐ Yes

☐ No

* 51. Does the worksite encourage physical activity breaks and active meetings?

☐ Yes

☐ No

* 52. Does the worksite have a policy that supports physical activity during work time (e.g. offer or allow flex time for physical activity)?

☐ Yes

☐ No

* 53. Does the worksite provide on-site fitness opportunities such as a fitness space or fitness classes?

☐ Yes

☐ No

* 54. Does the worksite provide space where employees can be physically active that is NOT a fitness center (for example, treadmill desks, a designated stretching space, walking path or maps of area trails/paths, etc.)?

☐ Yes

☐ No

7. Outcome 4: Become a Breastfeeding Friendly Workplace

* 55. Does the worksite have a written policy that states your company's support of a woman's choice to breastfeed her infant(s) and describes the worksite accommodations and/or benefits available to her?

☐ Yes

☐ No

* 56. Does the company provide a private area with a door that locks for nursing or expressing milk?

☐ Yes

☐ No

* 57. Does the worksite provide flexible breaks (at least 15-20 minutes in the morning and afternoon, as well as lunch) during which an employee can express milk or nurse?

☐ Yes

☐ No

8. Outcome 5: Promote Preventative Care and Safety

* 58. Does the worksite offer on-site disease management classes, including free Healthy Living Workshops through the State of Vermont?

☐ Yes

☐ No

* 59. Does the worksite accommodate disease management activities during the workday? (i.e., checking blood sugar, eating snacks)

☐ Yes

☐ No

* 60. Does the worksite promote influenza (flu) and other vaccinations through brochures, videos, posters, pamphlets, newsletters or other information?

☐ Yes

☐ No

* 61. Has the worksite conducted an ergonomic/work station analysis for all employees in the last year?

☐ Yes

☐ No

* 62. Does the worksite provides employees with information on ergonomic issues specific to the workforce?

☐ Yes

☐ No

* 63. Does the worksite provide all new workers comprehensive training on how to avoid accidents or injury on the job, specific to their position?

☐ Yes

☐ No

* 64. Does the worksite coordinate programs for occupational health and safety specific to the workforce with programs for health promotion and wellness?

☐ Yes

☐ No

* 65. Does the worksite have one or more functioning AEDs (Automated External Defibrillator) in place that are clearly marked and routinely maintained?

☐ Yes

☐ No

* 66. Does the worksite provide education to employees on the benefits and importance of sufficient sleep through educational seminars, workshops, classes, written or online information?

☐ Yes

☐ No

* 67. Does the worksite monitor the facility's heating, lighting, and ventilation in order to meet quality guidelines?

☐ Yes

☐ No

* 68. Does the worksite have a safety or emergency response team or committee that is trained to respond to medical emergencies (i.e. have first aid and CPR certification)?

☐ Yes

☐ No

* 69. Does the worksite promote awareness of responsible alcohol and legal drug use through any the following formats?

- Providing information on community resources for recovery
- Ensuring access to safe transportation to and from work-sponsored events where alcohol will be served
- Policies on alcohol and legal drug use at work events (both formal and informal events)
- Policies on alcohol and legal drug use during work hours
- Online or paper self-assessment screening tools on alcohol use
- Other (please explain in comment box)

☐ Yes

☐ No

☐ Other (please specify)

* 70. Does the worksite actively promote safe driving in any of the following ways:

- requiring adherence to hands-free laws when driving on staff time
- requiring seatbelt use when driving on staff time
- requiring adherence to all driving laws when driving on staff time
- other (please explain in comment box)

☐ Yes

☐ No

Other (please specify)

9. Outcome 6: Support the Emotional Wellbeing of Employees

* 71. Does the worksite provide and promote opportunities for stress-reduction at the workplace?

☐ Yes

☐ No

* 72. Does the worksite provide orientation for employees regarding workplace policies and mental health supports available?

☐ Yes

☐ No

* 73. Does the worksite have a list of local resources for screening and referral for mental health issues?

☐ Yes

☐ No

* 74. Does the worksite provide training for managers on identifying and reducing workplace stress-related issues?

☐ Yes

☐ No

* 75. Does the worksite provide training for managers on mental health issues in the workplace?

☐ Yes

☐ No

* 76. Does the worksite provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress?

☐ Yes

☐ No

* 77. Does the worksite actively promote work/life balance through established guidelines on working overtime, checking email or voicemail outside of work hours, etc.?

☐ Yes

☐ No

* 78. Does the worksite actively seek to de-stigmatize mental health issues by increasing awareness, promoting communication, and providing education on depression and other mental health conditions?

☐ Yes

☐ No

* 79. Does the worksite provide opportunities for career development and advancement?

☐ Yes

☐ No

* 80. Does the worksite sponsor or organize social events throughout the year?

☐ Yes

☐ No

* 81. Does the worksite allow employees to access recovery support services during working hours or allow for leaves of absence to access services?

☐ Yes

☐ No

* 82. Does the worksite engage in other health initiatives throughout the community and support employee participation and volunteer efforts?

☐ Yes

☐ No

* 83. Does the worksite have a policy that supports employees who need mental health support (i.e. allowing leaves of absence)?

☐ Yes

☐ No

* 84. Does the worksite allow flexible work scheduling policies?

☐ Yes

☐ No

* 85. Does the worksite allow employees to access mental health support services during working hours?

☐ Yes

☐ No

* 86. Does the worksite recognize employee achievements?

☐ Yes

☐ No

10. Optional Questions

87. OPTIONAL: If you are applying for the 2019 Worksite Wellness and want to share any additional information about your worksite wellness initiatives, please feel free to do so here!

88. OPTIONAL: If you would like to share a photo from your worksite, please attach it here (please ensure you have permission to share from any individuals in the image).

Choose File

No file chosen

89. OPTIONAL: If you have any supporting documents you would like to submit with your award application (mission statement, action plan, etc.), please attach them here.

Choose File

No file chosen